REPORT - HIPAA 271 to MMIS

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Eligibility, Coverage or Benefit Information							
	BHT03	Submitter Transaction Identifier	AN30	S				Get from 270 BHT03	Match Back
2000A	***HL***	***Information Source Level***		***R***					
2100A	***NM1***	***Information Source Name***		***R***					
2000B	***HL***	***Information Receiver Level***		***S***					
2100B	***NM1***	***Information Receiver Name***		***R***				Return whatever was in the corresponding fields of the 270.	Match Back
2100B	NM109	Information Receiver Identification Number	AN80	R				Return whatever was in the corresponding fields of the 270.	Match Back
2100B	REF02	Information Receiver Additional Identifier	AN30	R				Return whatever was in the corresponding fields of the 270.	Match Back
2000C	***HL***	***Subscriber Level***		***S***				Subscriber is usually the Patient, so there's no Dependent Loop (2000D).	Translation
2000C	TRN02	Trace Number	AN30	R				Get from 270 Loop 2000C TRN03	Match Back
2000C	TRN04	Trace Assigning Entity Additional Identifier	AN30	S				Get from 270 Loop 2000C TRN03	Match Back
2100C	***NM1***	***Subscriber Name***		***R***					
2100C	**REF**	**Subscriber Additional Identification**		**S**				Multiple REF segments for different IDs. IF 270 had "EJ" REF with patient acct num, it must be returned here.	Match Back

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2110C	EB	Subscriber Eligibility or Benefit Information		S				MMIS needs to support more than one program/plan per recipient: send one EB loop per Client program/plan with EB01="IL"-insured. Plus two EB loops if sending TPL/COB info (for other payer & subscriber with EB01="R"-other payer, see "TPL EB Loop:" comments).	HIPAA Required
2115C	III	Subscriber Eligibility or Benefit Additional Information		S					
2120C	NM1	Subscriber Benefit Related Entity Name		S				TPL EB Loop: since this 2120C loop occurs only once per 2110C loop, we need two 2110C loops just for TPL: one for subscriber name & IDs, one for TPL payer name & IDs. We'll connect them by sending policy number ("IG" REF) in both.	Translation
2000D	HL	Dependent Level		S					
2100D	NM1	Dependent Name		R					
2110D	EB	Dependent Eligibility or Benefit Information		S					
2115D	III	Dependent Eligibility or Benefit Additional Information		S					
2120D	NM1	Dependent Benefit Related Entity Name		S					

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)